



South Central Public Health District

Prevent. Promote. Protect.

Proposal Review for Planning & Zoning

OWNER/APPLICANT NAME:		LEGAL DESCRIPTION: T R S		PARCEL #: RP	
MAILING ADDRESS:				QUARTER SECTION:	
CITY/STATE/ZIP:		SUBJECT PROPERTY STREET/GRID ADDRESS:			
PHONE HOME:		WORK:		CITY/STATE/ZIP:	
GENERAL CONTRACTOR:		PHONE:		SUBDIVISION:	
				LOT: BLOCK:	
CONTACT:		PHONE:		LOT SIZE:	
				# BEDROOMS/EST FLOW	
Fee: \$25		Enc #:		Rec'd by:	
				Date:	

Applicant's Proposal: (check where appropriate and or describe below):

- ☐ Adding an out building; will this building have? Water ☐ Yes ☐ No Septic ☐ Yes ☐ No
- ☐ Adding on to an existing dwelling; will this increase the number of bedrooms? If so, by how many? _____
- ☐ Adding a house or mobile home to an existing septic system
- ☐ Land division
- ☐ Other

Description of what you will be doing (Please attach a separate page depicting the proposed changes/additions/splits.)

Comments:

Signature: _____

Date: _____

Environmental Health Specialist Evaluation

☐ Proposal Approved ☐ Proposal NOT Approved

Comments:

REHS Signature: _____

Date: _____